PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

423 90/12494

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY				
TOTAL CLAIMS			17				RAT	F	FEE	OR 7	RATE	FEE	4		
FOR .			NUMBER FILED		NUMBER EXTRA		BASIC		├ ──	OR	BASIC FEE				
TO	OTAL CHARGE	ABLE CLAIMS	17 minus 20=		•	6	X\$ 9)=		OR					
IN	DEPENDENT C	LAIMS	3 minus 3 = 1		* \$\dip\$		X42		 	1	X84=				
M	JLTIPLE DEPE	NDENT CLAIM P	RESENT				+140	_		OR		,			
*	the difference	e in column 1 is	less than z	ero, ente	"0" in	column 2	TOTA			OR		-			
				1 ∟	L	OR	TOTAL	740	1						
_		CLAIMS AS A (Column 1)		(Colur	nn 2)	(Column 3)	SMA	LL	ENTITY	OR	OTHER SMALL				
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE			
	Total	. 16	Minus	** 2	0	=	X\$ 9	X\$ 9= OR							
	Independent	* 3 ENTATION OF M	Minus	*** 3	201 411	= _	X42			OR	X84=				
_	TINOT FRESE	ENTATION OF IM	OLTIPLE DE	PENDENI	CLAIM		+140	=.		OR	+280=	÷			
							TO ADDIT. F				TOTAL				
		(Column 1)		(Colur	nn 2)	(Column 3)	ADUII. F	EE I		J - · · ·	ADDIT. FEE		2		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER	PRESENT EXTRA	RATI	·	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	اد Available		
	Total	*	Minus	**		=	X\$ 9	-		OR	X\$18=				
	Independent	*	Minus	***		=	X42=			OR	X84=	٠.			
	FIRST PRESE	NTATION OF MU	JUITPLE DEI	PENDENT	CLAIM		+140:			OR	+280=		ō		
		•					101			OR	TOTAL				
		(Column 1)		(Colun	n 2)	(Column 3)	ADDIT. F	EE L			ADDIT. FEE		18		
AMENDMENT C.		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	EST BER USLY	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	18		
NDM	Total		Мілиѕ	**		=	X\$ 9=	1		OR	X\$18=	FEE			
ME	Independent	*	Minus	***		e .	X42=	+			X84=		·		
	FIRST PRESE	NTATION OF MU	JETIPLE DEF	PENDENT	CLAIM		1	+	· .	OR		— <u>:</u>			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+280=				
***	If the "Highest Nu If the "Highest Nu	mber Previously Pa mber Previously Pa mber Previously Pain	id For IN THI	S SPACE IS	less that	n 20, enter "20." n 3. enter "3."	ADDIT. FE	EL	ropriate box		TOTAL ADDIT. FEE JMN 1.				